



# EXPEDITED LTC BED REPLACEMENT/EXPANSION APPLICATION

## Applicant's Completeness Checklist and Table of Contents

Project Name: \_\_\_\_\_

Project No.: \_\_\_\_\_

Project Description: \_\_\_\_\_

Done Page N/A Description of CON Rulebook Contents

### Divider I. Application Summary:

- |                          |       |                          |   |
|--------------------------|-------|--------------------------|---|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. Applicant Identification and Certification (Form MO 580-1861). |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. Representative Registration (Form MO 580-1869).                |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. Proposed Project Budget (Form MO 580-1863) and detail sheet.   |

### Divider II. Proposal Description:

- |                          |       |                          |   |
|--------------------------|-------|--------------------------|---|
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 1. Provide a complete detailed project description.                 |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 2. Provide preliminary schematic drawings for the proposed project. |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 3. Provide the existing and proposed gross square footage.          |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 4. Document ownership of the project site.                          |

### Divider III. Community Need Criteria and Standards:

- |                          |       |                          |  |
|--------------------------|-------|--------------------------|--|
|                          |       |                          | 1. If the proposal is to relocate RCF/ALF beds within 6-mile radius in accordance with §197.318.8(4) provide the following:  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that all facilities involved are under the same licensure ownership or control;  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that all facilities involved are within the 6-mile limit; and  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that all owners and operators of the facility from which the beds are being transferred are aware of the proposal and consent to it.   |
|                          |       |                          | 2. If the proposal is to replace one-half of a qualifying licensed facility's beds within a 30-mile radius in accordance with §197.318.9 provide the following:  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that the facility has only been operating 50% of its licensed capacity with every resident residing in a private room and all vacant beds have been reported to the Division of Regulation and Licensure as unavailable for occupancy for at least the most recent four consecutive calendar quarters; |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that the replacement beds shall be built to private room specifications and only used for single occupancy; and  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that the existing and proposed facilities have the same owner or owners, and that the owner or owners stipulate that the beds to be replaced shall not be used later for long term care; if the existing facility is being operated under a lease, both the lessee and owner shall stipulate the same. |
|                          |       |                          | 3. If the proposal is to replace a facility in its entirety at a single site within a 15-mile radius in accordance with §197.318.10 provide the following:   |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that all facilities involved are within the 15-mile limit; and   |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Documentation that the existing facility and the proposed facility have the same owner or owners with a written stipulation that the facility to be replaced will not be used later for long term care.  |
|                          |       |                          | 4. If the proposal is to expand under provisions of §197.318.1 and the effort to purchase has been successful provide:   |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – Purchase Agreement Form(s) (MO 580-2532); and  |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | – A copy of the selling facility's reissued licensed verifying surrender of beds sold.   |
| <input type="checkbox"/> | _____ | <input type="checkbox"/> | 5. If the proposal is to expand under provisions of §197.318.1 and effort(s) to purchase have been unsuccessful, provide Purchase Agreement Form(s) (MO 580-2532) verifying unsuccessful effort(s) to purchase.  |